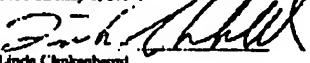
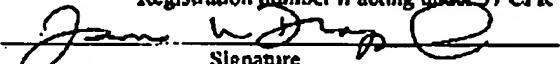


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 046301-088000
<p>I hereby certify that this correspondence is being transmitted by facsimile to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 8, 2007.</p> <p> Linda Chokkaband</p>		
<p>In re Application of Amit RAMCHANDRAN</p>		
<p>Application Number: 10/626,833 Filed: July 23, 2003 For: ADAPTABLE DATAPATH FOR A DIGITAL PROCESSING SYSTEM</p>		
Group Art Unit: 2182		Examiner: Eron J. Sorrell
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p>		
<p>The requested extension and appropriate entity fee are as follows (check time period desired):</p>		
<p><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ _____</p> <p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) \$ _____</p> <p><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) \$ <u>510.00</u></p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) \$ _____</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) \$ _____</p>		
<p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3557</u>. Enclosed is a duplicate copy of this sheet.</p>		
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>		
<p>I am the <input type="checkbox"/> applicant/inventor</p>		
<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>46,242</u>.</p>		
<p> Signature</p> <p><u>James W. Drapinski</u> Reg No.46,242 Typed or printed name</p>		<p>May 8, 2007 Date</p> <p>415 984-8200 Telephone Number</p>
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		
<p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p>		

05/10/2007 CCHAU1 00000027 503557 10626833

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REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/18/07 2 Serial/Patent # 106026833

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
✓ Extension of Time	—	5/8/07	\$ 510.00
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND	<u>\$ 510.00</u>
8 TO BE REFUNDED BY:	
✓ Treasury Check	
✓ Credit Deposit A/C #:	
9 <u>50 -- 3557</u>	
10 REASON:	
✓ Overpayment	
✓ Duplicate Payment	
No Fee Due (Explanation):	

11 REFUND REQUESTED BY:		
TYPED/PRINTED NAME:	<u>Liana Walsh</u>	TITLE: <u>Pat. Examiner</u>
SIGNATURE:	<u>Liana Walsh</u>	PHONE: <u>232014</u>
OFFICE:	*****	
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APPROVED:	<u>Liana Walsh</u>	DATE: <u>6/19/07</u>

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Crystal Park One, Room 802B